WEST Search History

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DATE: Friday, March 04, 2005

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	L22	L15 and L19	879
\Box	L21	L11 and L19	178
	L20	L7 and L19	28
	L19	rapamycin	5332
	L18	L6 and L15	64
	L17	L3 and L15	420
	L16	L2 and L15	294
	L15	(capric or octanoic or oleic) acid	60196
	L14	L6 and L11	30
	L13	L3 and L11	18
	L12	L2 and L11	42 ·
	L11	(alkanoic or alkenic) acid	16142
	L10	L6 and L7	0
	L9	L3 and L7	18
	L8	L2 and L7	29
	L7	permeation (enhancer or modulator)	2406
	L6	L4 or L5	412
	L5	ascomycin	405
	L4	SDZ ASM 981	16
	L3	sirolimus	1205
	L2	clarithromycin	1959
	L1	5376646.pn.	2

END OF SEARCH HISTORY

	FILE	'MEDL	IN	E, KOSMET' ENTERED AT 16:57:32 ON 04 MAR 2005
L1		4508	S	CLARITHROMYCIN
L2		3288	S	SIROLIMUS
L3		37	S	SDZ ASM 981
L4		7831	S	L1 OR L2 OR L3
L5		0	S	PERMEATION MODULATOR
L6		89	S	PERMEATION ENHANCER
L7		0	S	L4 AND L6
L8		108	S	ALKANOIC ACID
L9		0	S	ALKENIC ACID
L10		0	S	L4 AND L8
L11		106	S	CAPRIC ACID
L12		542	S	OCTANOIC ACID
L13		8541	S	OLEIC ACID
L14		9135	S	L11 OR L12 OR L13
L15		4	S	L4 AND L14

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                 (ROSPATENT) added to list of core patent offices covered
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                STN User Update to be held in conjunction with the 229th ACS
                National Meeting on March 13, 2005
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NEWS 21 FEB 28
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                REGISTRY/ZREGISTRY - Sequence annotations enhanced
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     24 MAR 03
NEWS 25 MAR 03
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             AND CURRENT DISCOVER FILE IS DATED 10 JANUARY 2005
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FILE 'HOME' ENTERED AT 16:54:59 ON 04 MAR 2005

COST IN U.S. DOLLARS

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0.84

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FILE 'MEDLINE' ENTERED AT 16:57:32 ON 04 MAR 2005

FILE 'KOSMET' ENTERED AT 16:57:32 ON 04 MAR 2005

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=> s clarithromycin

4508 CLARITHROMYCIN

=> s sirolimus

L2 3288 SIROLIMUS

=> s sdz asm 981

37 SDZ ASM 981

=> s L1 or L2 or L3

7831 L1 OR L2 OR L3

=> s permeation modulator

0 PERMEATION MODULATOR L5

=> s permeation enhancer

89 PERMEATION ENHANCER

=> s L4 and L6

L7 0 L4 AND L6

=> s alkanoic acid

108 ALKANOIC ACID

=> s alkenic acid

0 ALKENIC ACID

=> s L4 and L8

0 L4 AND L8 L10

=> s capric acid

106 CAPRIC ACID L11

=> s octanoic acid

542 OCTANOIC ACID

=> s oleic acid

L13 8541 OLEIC ACID

=> s L11 or L12 orL13

MISSING OPERATOR L12 ORL13

The search profile that was entered contains terms or nested terms that are not separated by a logical operator.

=> s L11 or L12 or L13

9135 L11 OR L12 OR L13

=> s L4 and L14

L15 4 L4 AND L14

=> d 115 1-4 ibib abs

L15 ANSWER 1 OF 4 MEDLINE on STN

ACCESSION NUMBER: 2003081409 MEDLINE

DOCUMENT NUMBER: PubMed ID: 12574258

TITLE: Multisite reproducibility of results obtained by two broth

dilution methods for susceptibility testing of

Mycobacterium avium complex.

AUTHOR: Woods Gail L; Williams-Bouyer Natalie; Wallace Richard J

Jr; Brown-Elliott Barbara A; Witebsky Frank G; Conville

Patricia S; Plaunt Marianne; Hall Geraldine; Aralar

Priscilla; Inderlied Clark

CORPORATE SOURCE: Department of Pathology, University of Texas Medical

Branch, Galveston, Texas 77555, USA.. gail_woods@merck.com Journal of clinical microbiology, (2003 Feb) 41 (2) 627-31.

SOURCE: Journal of clinical microbiology, (2003 Journal code: 7505564. ISSN: 0095-1137.

PUB. COUNTRY:

United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE:

English

FILE SEGMENT:

Priority Journals

ENTRY MONTH:

200305

ENTRY DATE:

Entered STN: 20030221

Last Updated on STN: 20030503 Entered Medline: 20030502

A multicenter study was conducted to assess the interlaboratory ΑB reproducibility of susceptibility testing of Mycobacterium avium complex (MAC) by broth microdilution using two different media (cation-adjusted Mueller-Hinton broth with 5% oleic acid -albumin-dextrose-catalase and 7H9 broth with casein) and by macrodilution using the BACTEC 460TB and 12B media at pH 6.8 and 7.3 to 7.4. Ten well-characterized strains of MAC (four macrolide susceptible, six macrolide resistant) were tested against clarithromycin and azithromycin (the latter only by BACTEC 460TB, pH 6.8). At each site, strains were tested against clarithromycin three times on each of three separate days (nine testing events per isolate) by using a common lot of microdilution trays and BACTEC 12B medium, pH 6.8; strains were tested once on three separate days against clarithromycin in 12B medium at pH 7.3 to 7.4 and against azithromycin. Agreement among MICs (i.e., mode +/- 1 twofold dilution) was 100% for all strains and both drugs when BACTEC 460TB was used, regardless of the pH of the medium, but varied when microdilution with either medium was used, particularly with susceptible strains. Agreement based on interpretive category, with NCCLS-recommended breakpoints, was 100% for all strains with the BACTEC 460TB method (both drugs and both pH values) and with microdilution using 7H9 broth. With microdilution and Mueller-Hinton broth, agreement by interpretive category was 100% for eight isolates and >90% for two; errors occurred only in laboratories where personnel had minimal experience with this technique. MAC susceptibility testing may be performed by broth macrodilution or microdilution at either pH, with NCCLS-recommended interpretive breakpoints. However, because visual interpretation of broth microdilution end points is subjective, it is more prone to reader error; therefore, this method requires greater expertise than the BACTEC 460TB. Both techniques require appropriate validation and continued documentation of proficiency.

L15 ANSWER 2 OF 4 MEDLINE ON STN ACCESSION NUMBER: 96297268 MEDLINE DOCUMENT NUMBER: PubMed ID: 8733409

TITLE: Clarithromycin against Mycobacterium avium

complex infections.

AUTHOR:

Heifets L B

CORPORATE SOURCE:

Department of Microbiology, University of Colorado Health

Sciences Center, USA.

SOURCE: Tubercle and lung disease : official journal of the

International Union against Tuberculosis and Lung Disease,

(1996 Feb) 77 (1) 19-26. Ref: 105 Journal code: 9212467. ISSN: 0962-8479. PUB. COUNTRY: SCOTLAND: United Kingdom

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

General Review; (REVIEW)

LANGUAGE: English

FILE SEGMENT: Priority Journals; AIDS

ENTRY MONTH: 199610

ENTRY DATE: Entered STN: 19961025

Last Updated on STN: 19961025 Entered Medline: 19961017

The turning point in antimicrobial therapy of Mycobacterium avium AB infections came with the development of two new macrolides, clarithromycin and azithromycin. Controlled clinical trials, the first ever conducted with any agent among patients with M. avium infection, indicated the high efficiency of clarithromycin, in either acquired immune deficiency syndrome (AIDS) patients having a disseminated infection or non-AIDS patients with localized pulmonary disease. Monotherapy with clarithromycin resulted in elimination of bacteremia in almost all patients with disseminated infection, which is inevitably followed by a relapse of bacteremia in patients who survived long enough to reach this event. The strains susceptible to clarithromycin isolated before therapy contained 10(-8) or 10(-9) resistant mutants, and the relapses of bacteremia were caused by multiplication of these pre-existing mutants. Clarithromycin-resistance was associated with a mutation in the 23S rRNA gene. Cross-resistance between clarithromycin and azithromycin was confirmed with laboratory mutants and clinical isolates. At least two methods for determining the susceptibility of the M. avium isolates to clarithromycin are available: one is minimum inhibitory concentration (MIC) determination on Mueller-Hinton agar (pH 7.4) supplemented with 10% Oleic acid-albumin-dextrose catalase, the other is MIC determination in 7H12 broth, also at pH 7.4. The breakpoints for 'susceptible' for these methods are < or = 8.0 micrograms/ml and < or = 2.0 micrograms/ml, respectively. The breakpoints for 'resistant' are > 128 micrograms/ml for the agar method and > 32.0 micrograms/ml for the broth method. The predictability value of MIC determination was confirmed by comparing the test results with the patients' clinical and bacteriological response to therapy. The remaining major problem in the therapy of the M. avium infections is a selection of companion drugs to be used in combination with clarithromycin (or azithromycin) to prevent the emergence of the macrolide-resistance. A number of clinical trials are now in progress to find a solution to this problem.

L15 ANSWER 3 OF 4 MEDLINE ON STN ACCESSION NUMBER: 96161311 MEDLINE DOCUMENT NUMBER: PubMed ID: 8593032

TITLE: Clarithromycin is inactive against Mycobacterium

tuberculosis.

AUTHOR: Truffot-Pernot C; Lounis N; Grosset J H; Ji B

CORPORATE SOURCE: Faculte Medecine Pitie-Salpetriere, Paris, France.

SOURCE: Antimicrobial agents and chemotherapy, (1995 Dec) 39 (12)

2827-8.

Journal code: 0315061. ISSN: 0066-4804.

PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 199604

ENTRY DATE: Entered STN: 19960418

Last Updated on STN: 19960418 Entered Medline: 19960403

AB When 10% oleic acid-albumin-dextrose-catalase-enriched Mueller-Hinton agar medium was employed, the MICs of

clarithromycin (CLARI) at which 50 and 90% of 12 strains of Mycobacterium tuberculosis were inhibited were 64 and > 128 micrograms/ml, respectively, which are significantly greater than the achievable peak CLARI concentrations in serum and in lung tissue in humans. In two different mouse experiments, 4 to 6 weeks of treatment with CLARI at 200 mg/kg of body weight six times weekly produced neither bactericidal nor bacteriostatic effects against M. tuberculosis. Therefore, we conclude that CLARI as a single drug is inactive against M. tuberculosis.

L15 ANSWER 4 OF 4 MEDLINE ON STN ACCESSION NUMBER: 92027677 MEDLINE DOCUMENT NUMBER: PubMed ID: 1834015

TITLE: Effect of pH on the in vitro potency of

clarithromycin against Mycobacterium avium complex.

AUTHOR: Truffot-Pernot C; Ji B; Grosset J

CORPORATE SOURCE: Faculte de Medecine Pitie-Salpetriere, Paris, France.

SOURCE: Antimicrobial agents and chemotherapy, (1991 Aug) 35 (8)

16//-8.

Journal code: 0315061. ISSN: 0066-4804.

PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 199111

pH.

ENTRY DATE: Entered STN: 19920124

Last Updated on STN: 19920124 Entered Medline: 19911101

AB Employing 7H11 agar medium at pH 6.6, the MICs of clarithromycin for 50% (MIC50) and 90% (MIC90) of 19 strains of Mycobacterium avium complex were 8 and 16 micrograms/ml, respectively. However, the MICs were 2 to 3 log2 dilutions lower in the 7H11 medium adjusted to pH 7.4, and the MICs on 10% OADC (oleic acid-albumin-dextrose-catalase)-enriched Mueller-Hinton agar at pH 7.3 were also 2 log2 dilutions lower than those measured on 7H11 agar at pH 6.6. Therefore, clarithromycin is more active at a physiologic than at an acidic